

**STATEMENT OF
HARRY TETER
EXECUTIVE DIRECTOR
AMERICAN TRAUMA SOCIETY
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UPPER MARLBORO, MD 20772-2656**

**BEFORE
THE HOUSE COMMITTEE ON APPROPRIATION
SUBCOMMITTEE ON THE DEPARTMENT OF LABOR, HEALTH AND
HUMAN SERVICES, EDUCATION AND RELATED AGENCIES**

**April 20, 2004
Morning Session**

- \$650,000 in Fiscal Year 2005 through the Substance Abuse and Mental Health Services Administration or the Centers for Disease Control and Prevention for the Provider, Patient, and Family Support Program.

Thank you, Chairman Regula and Members of the Subcommittee, for this opportunity to testify. As Executive Director of the American Trauma Society (ATS), I am honored to express our support for the programs of the Department of Health and Human Services that provide funding for the prevention and control of trauma.

As the Subcommittee may recall, ATS is an organization that was formed over 30 years ago to promote the development of improved methods of care to the critically injured, as well as educational programs and materials, and technology to reduce and eliminate injuries.

I would first like to emphasize the level of impact that trauma has on American lives. Today, trauma continues to be the leading cause of death to our young people (ages 1-40), and is a rising cause of death overall. Preventable injuries that lead to permanent disabilities reach into the tens of thousands annually. Equally distressing is that a large portion of these injuries can, and often should be, prevented.

When injuries occur, all patients need the immediate, professional care that a formalized trauma system provides. ATS, with a network of over 200 hospitals and trauma center members, and 2,300 physician and nurse members, is uniquely capable of analyzing the effectiveness of the national trauma system's ability to respond to this challenge.

Preventable injury is the leading killer of Americans in the first four decades of life and is a tremendous burden to society. Hospital emergency departments treat an average of 55 people for preventable injuries every minute; however, treatment of injuries and their long-term effects account for only 12 percent of medical spending in the United States.

I wish to share with the Subcommittee the status of the Trauma Information and Exchange Program (TIEP), for which the Subcommittee has provided funding through the Centers for Disease Control & Prevention (CDC) in Fiscal Years 2000 through 2003. TIEP was conceived in 1999 as a response to an Institute of Medicine report that concluded that a national clearinghouse on trauma statistics is vital to determine trauma trends. Until now, TIEP – a national network for such data as geographical variations among injuries, age-related injuries, and variations among rural versus urban/suburban environments – has been cost prohibitive.

Now, using a secure ATS Website as the communications vehicle, TIEP makes it possible for ATS to respond to the IOM's urgent call for a trauma surveillance system. The clearinghouse also collects national data on the magnitude of trauma injuries to allow policy-makers and practitioners to examine variations in injury rates. And it facilitates the surveillance of urgently needed data in the field of trauma care with the goal of improving the nation's trauma care system as well as improving public health.

TIEP has completed collecting basic data on all trauma centers in the United States for the trauma systems inventory and is now working to implement a plan for updating and maintaining the database in real-time. In response to the needs of various executive branch agencies including the Department of Health & Human Services, the Department of Homeland Security and FEMA, TIEP is also planning to inventory the preparedness plans of all U.S. trauma systems. ATS requests that the Committee provide the necessary support to the National Center for Injury Prevention and Control (NCIPC) to expand TIEP's inventory and information exchange capacity.

ATS' Provider, Patient and Family Support program is an initiative to conduct a national survey of existing trauma center programs, using the Trauma and Information Exchange Program (TIEP). With the new Provider, Patient, and Family Support initiative, ATS proposes to expand ongoing services through TIEP to include information on: trauma center programs which train providers (physicians, nurses, social workers) in appropriate communication with trauma victims and their families; trauma center programs which provide for patient-to-patient and family-to-family communication (from ICU through rehabilitation) to support ongoing patient and family recovery; and trauma center-directed community injury prevention and control programs utilizing patients and their families. ATS will complete the survey and report the findings on TIEP to provide all trauma centers with access to this important information.

For Fiscal Year 2005, ATS seeks \$650,000 through the Substance Abuse and Mental Health Services Administration or the Centers for Disease Control and Prevention to fully implement the Provider, Patient and Family Support program.

ATS fully supports the efforts of the Federal agencies that work tirelessly to improve the nation's prevention and care systems. Namely, the excellent research being funded directly and through the NCIPC's Injury Control Research Centers is of great value as we strive to reduce the burdens of injury; this research made a difference in preventing and reducing disability, death and costs associated with injury. CDC has funded injury-related research to better understand how and why injuries occur and what we can do to minimize their impact and build a safer America. CDC conducts and supports research about causes, risk factors, and preventative measures for injuries, including: unintentional injuries related to falls, fires, motor vehicle crashes and sports and recreation activities; intentional injuries related to suicide, youth violence, child maltreatment, and domestic violence; and improving the health and quality of life after injuries and preventing secondary conditions among people with disabilities. Research is needed to provide valuable knowledge for the injury field and inform our prevention efforts. The findings from CDC-funded injury-related research are being translated into practice every day. ATS requests that the Committee increase funding to the CDC's NCIPC to (\$176 million). This increase in funding is necessary to support the growth NCIPC and its expansion into mass casualty preparedness.

ATS also supports the Health Resources and Services Administration (HRSA), especially the Maternal and Child Health Bureau and the Emergency Medical Services for Children Division; and we applaud Congress for providing increased funding in Fiscal Year 2004 for the Trauma Systems Development Program at HRSA. We urge full funding for this account in Fiscal Year 2005.

In closing, because trauma cuts across many of the institutes of the National Institutes of Health (NIH), ATS also encourages the Subcommittee to direct NIH to conduct a feasibility study on establishing an Office, Center, or Institute for Trauma; or, a Public Health Service interagency review of trauma as a national health issue.

Thank you for taking into consideration the interests and recommendations of the American Trauma Society.

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**EXECUTIVE DIRECTOR & GENERAL COUNSEL
AMERICAN TRAUMA SOCIETY**

1981-Present

Upper Marlboro, Maryland 20772-2656

As Executive Director of the Society, responsible for directing the National Office of this 3,000 member organization which includes over 180 trauma center hospitals. Duties include implementation of policies determined by the Board of Directors, supervision of the headquarters staff, the design and implementation of programs on prevention and public awareness of trauma. The Society plays a key role in federal legislation that involves trauma issues.

Duties as General Counsel include the review of all contracts and other legal documents as well as preparation of testimonies and position papers of the Society.

**EXECUTIVE DIRECTOR
ASSOCIATION FOR THE ADVANCEMENT
OF INJURY CONTROL**

1995-Present

Washington, D.C.

The Association sponsors seminars, workshops and conferences on public policy positions, research issues and private industry programs on injury prevention and control. The primary activity is the Washington Seminar Series which are quarterly programs involving public and private sector leaders in the field of injury prevention. These seminars focus on key issues to elevating injury control on the public and private health care agendas.

**EXECUTIVE DIRECTOR
ATLANTIC EMERGENCY MEDICAL SYSTEM COUNCIL**

1978-Present

Washington, D.C.

As Chief Executive Officer of the Council, oversees its activities involved with coordination of EMS/Trauma activities for evaluation, research, planning, implementation, funding and operation of emergency medical systems within the Atlantic region.

**EXECUTIVE DIRECTOR
NATIONAL STUDY CENTER FOR TRAUMA
AND EMERGENCY MEDICAL SERVICES**

1984-1991

Baltimore, Maryland

The Charles McC. Mathias, Jr., National Study Center for Trauma and Emergency Medical Systems, enacted by Congressional Resolution in 1986, is an issue-oriented organization comprised of physicians, research specialists, educators and professionals whose purpose is to create a better understanding of trauma (injury) and how best to deliver care to those who are injured. Though the problems related to trauma care are many and complex, the Study Center's on-going mission is to create, develop, maintain and distribute trauma-related information which reflects state-of-the-art thinking on trauma, injury prevention, and health care delivery to the injured. The National Study Center also serves as a focal point for multi-disciplinary research on trauma and emergency medical systems.

AMERICAN TRAUMA SOCIETY

Fiscal Year 2002 – 2003 Federal Funding History

Fiscal Year	Agency	Total Amount
2003	Centers for Disease Control and Prevention	\$800,000
	Health Resources and Services Administration	\$100,000
2002	Substance Abuse and Mental Health Services Administration	\$100,000
	Centers for Disease Control and Prevention	\$725,000
	Department of Transportation	\$200,000